

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-037629

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

597

FILED OCT 22 1962

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Columbia, Missouri

Length of stay in 1b

58

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

University of Mo. Med Center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Boone

c. CITY

OR TOWN

Columbia

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

400 Fourth St

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

Bertha

May

Bruner

4. DATE OF DEATH

Month

Day

Year

October 17, 1962

5. SEX

Female

6. COLOR OR RACE

Colored

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-3-62

9. AGE (last birthday)

23

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Madison, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Herbert Bruner

13b. MOTHER'S MAIDEN NAME

Lana Bonds

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

University of Mo. Medical Records

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Enteritis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

malrotation

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

Since birth 8/3/62

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Barium impaction & colotomy

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/20/62 to 10/17/62 and last saw her alive on 10/17/62
Death occurred at 7:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Clément R. Rode MD

22b. ADDRESS

U. of Missouri

22c. DATE SIGNED

10/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Oct. 20. 62

23c. NAME OF CEMETERY OR EXHUMATORY

New Richmond Church

23d. LOCATION (City, town, or county)

N.W. Callaway County, Missouri

24. GENERAL DIRECTOR

ADDRESS

George H. Green, Duthart Mo.

25. DATE RECD. BY LOCAL REG.

Oct 18 1962

26. REGISTRAR'S SIGNATURE

Mrs R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

0109

20109

3

4 3

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8 1

9 5710

10

11

12 2-0

13 3-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4220

P. O. Address Dutton, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.